

L16000208485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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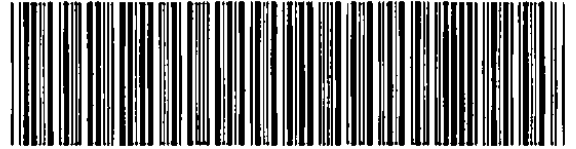
(Business Entity Name)

(Document Number)

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*Statement
of
Affidavit*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9935 Palomino Dr, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Radosveta Rizzo

Name of Person

9935 Palomino Dr, LLC

Firm/Company

1730 S Federal Highway #309

Address

Delray Beach, FL 33483

City/State and Zip Code

joy.rizzo@usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radosveta Rizzo

561

2892585

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 9935 Palomino Dr, VA, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000208485

THIRD: The street address of the limited liability company's principal office is:

9935 Palomino Dr

Lake Worth, FL 33467

The mailing address of the limited liability company's principal office is:

1730 S. Federal Highway

#309

Delray Beach, Florida 33483

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Radosveta Rizzo
Mela Kandler

b. No authority granted to: Mark DeSimone
Sky Health Holdings, LLC

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Radosveta Rizzo
Mela Kandler

b. No authority granted to: Mark DeSimone
SKY Health Holdings, LLC

Radosveta Rizzo
Signature of authorized representative

Radosveta Rizzo
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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